

2018 AAHKS Symposium

**OUTPATIENT JOINT REPLACEMENT: PRACTICAL GUIDELINES FOR
YOUR PROGRAM BASED ON EVIDENCE, SUCCESS, AND FAILURES**

Moderator Introduction

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Introduction

Over the past decade and a half, there has been increasing interest in performing primary hip and knee replacement in the outpatient setting [1-20], and rapid recovery protocols have created a natural evolution from the inpatient to outpatient setting.[2, 3, 6, 10, 21-23] Interest in outpatient arthroplasty also has been fueled by financial considerations including the ability to control costs within the episode of care, the potential for surgeon ownership in ambulatory surgery centers, and the ability for a surgeon to control his or her operating room and surgical care environment more easily in an ambulatory surgery center. [1, 5, 8, 24] Outpatient total joint arthroplasty (TJA) has been successfully performed during the past decade by a select group of surgeons and institutions [4, 22, 25, 26] and success has been attributed to multidisciplinary care coordination, standardized perioperative protocols, discharge planning, and careful patient selection. [2-4, 7, 22, 25, 26] In our own program, these essential elements reported by others, with an emphasis on robust and data-driven patient selection [19], we have continued to increase our percentage of surgeries safely performed in the outpatient setting from 9.2% in 2015 to 18.7% in 2018.

The information contained in this symposium provides the basic framework and principles of hip and knee arthroplasty performed in the outpatient setting. The following articles detail the essential concepts to be addressed when considering and ultimately performing outpatient joint arthroplasty, either in the hospital or ambulatory surgery center. Patient selection is considered by many to be the most important aspect of outpatient hip and knee arthroplasty, yet there remains very little data to guide surgeons and institutions in this particular realm. The symposium authors will report an update on

the previously reported Outpatient Arthroplasty Risk Assessment Score (OARA). [19]
Symposium authors will also detail the extra considerations and responsibilities of the
office staff necessary to conduct outpatient total joint arthroplasty, as well as the unique
protocols and pathways for the facilities to consider to perform outpatient total hip and
knee arthroplasty. Finally, the difference between outpatient surgical procedure facility
setting, whether the hospital or the ambulatory surgery center, will be examined and
discussed. The importance of the information contained in this symposium cannot be
overemphasized given the forces driving the transition of hip and knee arthroplasty
traditionally within the hospital to same day discharge in the outpatient setting. Even the
Center for Medicare and Medicaid Services anticipate, even encourage, the shift to the
outpatient setting for these procedures by removing total knee arthroplasty from the
Inpatient-Only List. [27] Finally, given the importance of this issue, the American
Association of Hip and Knee Surgeons released a position statement on outpatient hip
and knee arthroplasty in collaboration with the American Academy of Orthopaedic
Surgeons, the Knee Society, and Hip Society, which emphasizes the essential elements
that emphasize and center on patient safety. [28]

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